



STATE OF RHODE ISLAND – DEPARTMENT OF ADMINISTRATION
ONE CAPITOL HILL
PROVIDENCE, RI 02908

Performance Development Evaluation Form

Annual Evaluation Period: _____ to _____

Employee Name:

Supervisor Name:

Title:

Title:

Division/Unit:

Division/Unit:

Date of Evaluation:

Review: ☐ Initial (Set Goals)

☐ Evaluation

Agency Strategic Priorities

Section 1: Objectives

EMPLOYEE WILL BE EVALUATED ANNUALLY ON THE OBJECTIVES BELOW USING THE FOLLOWING LEVELS:

N = Not Meeting Expectations **I** = Improvement Needed **M** = Meeting Expectations **E** = Exceeding Expectations

Objective Description	Level	Status Description

Section 2: Professional Development

Please list professional development goals and opportunities for growth in the box below:



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Section 3: Performance Review

Please choose a performance level (refer to Section 1: Objectives for level descriptions). Differences in employee and supervisor scoring will be discussed during the performance review session and a final score will be recorded under "Supervisor's Final Level."

CORE VALUES (Accountability/Ethics/Honesty/Integrity)	Performance Level (N, I, M or E)	Supervisor's Final Level	Comments
EMPLOYEE			
SUPERVISOR			
CUSTOMER SERVICE (Public Service/Customer Focus/Service-Oriented)	Performance Level (N, I, M or E)	Supervisor's Final Level	Comments
EMPLOYEE			
SUPERVISOR			
COMMUNICATION (Interpersonal Skills/Oral Communication/Written Communication)	Performance Level (N, I, M or E)	Supervisor's Final Level	Comments
EMPLOYEE			
SUPERVISOR			
TECHNICAL & PROFESSIONAL KNOWLEDGE (Knowledge of the Work Processes in Unit/Program Knowledge/Technical Knowledge)	Performance Level (N, I, M or E)	Supervisor's Final Level	Comments
EMPLOYEE			
SUPERVISOR			
LEADERSHIP & DECISION-MAKING (Leading People & Team Building/Leading Change/Conflict Management/Decision-Making)	Performance Level (N, I, M or E)	Supervisor's Final Level	Comments
EMPLOYEE			
SUPERVISOR			



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Supervisor Review and Recommendations

Employee Comments

Employee Signature: Your signature certifies that you have read the evaluation and that your supervisor has discussed its contents with you. It also certifies that you have had an opportunity to record your comments above.

Supervisor Signature: Your signature certifies that you have reviewed and discussed the contents with the employee and the employee was offered the opportunity to comment.

Employee

Date

Supervisor

Date

**Please submit this form to the R.I. Division of Human Resources at
doa.performancedev@hr.ri.gov**

**Supervisor
Initials**

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